MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10797

CERTIFICATE OF DEATH

Reg. Dist. No. 52

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Calvert

City or town: Chesapeake Beach

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Chesapeake Beach

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: ROBERT E. HOOPER

3. (b) Social Security Number: 212-03-9771

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Jane L. Hooper

6.(c) If alive, give age: —

7. Birth date of deceased (mo., day, yr.): April 3, 1900

8. AGE: Years	Months	Days	If less than one day
51	7		...hrs. ...min.

9. Birthplace: Calvert, Maryland (Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER — 12. Name: Mack Hooper

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Nettie Cockran

15. Birthplace: Maryland

16. Informant: Mrs Jane Hooper

Address: North Beach

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 30-51 (month) (day) (year)

Cemetery or crematory: Huntingtown Cemetery

Location: Huntingtown, Md.

18. Funeral director: Wm H. Hutchins

Address: Owings, Md

19. Nov 29 1951 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: NOVEMBER 28 1951, at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/28 1951 to 11/28 1951 and that I last saw him alive on 11/28/51 1951

Immediate cause of death	DURATION
CORONARY OCCLUSION	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

420.1

Major findings of operations: 94a.

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: [illegible] Date signed: 11/30/51

RECEIVED
DEC 11 1951
BUREAU V. S.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10798

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Beach | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Agnes (Last) Ward

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1951

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W | 8. DATE OF BIRTH: 4/15/67 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wilkerson | 14. MOTHER'S MAIDEN NAME: Mary Childs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Willard Ward N. Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis — 6 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1951, to 11/28, 1951, that I last saw the deceased alive on 11/28, 1951, and that death occurred at 4:10 P m., from the causes and on the date stated above.

SIGNATURE: Willard Ward (Degree or title) MD ADDRESS: Md DATE SIGNED: 11/28/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 11/30/51 | NAME OF CEMETERY OR CREMATORY: Mt Harmony | LOCATION (City, town, or county): Mt Harmony (State): Md

DATE REC'D BY LOCAL REG. Nov 29 1951 | REGISTRAR'S SIGNATURE: Grace L. Hutchins | 24. FUNERAL DIRECTOR: Wm H. Hutchins ADDRESS

RECEIVED
DEC 11 1951
BUREAU V. S.

Item 18 Film G139 - 1-25-52 ams

10799

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH COUNTY: Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Calvert COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marvin (Middle) Edwin (Last) West
4. DATE OF DEATH (Month) Nov (Day) 8th (Year) 1951
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1899
9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate South
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm Gordon West
14. MOTHER'S MAIDEN NAME: Josephine Savanna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 213-22-0904
17. INFORMANT AND ADDRESS: Mrs Marvin West

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gastric Leucorrhoze.

5810 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of liver. (1-25-52 ams)

124b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1951, to 11/7, 1951, that I last saw the deceased alive on 11/7, 1951, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Huntingtown Md DATE SIGNED: 11/7/51

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: Nov. 11, 1951
NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery
LOCATION (City, town, or county): Sheffield (State): Ala.

DATE REC'D BY LOCAL REG.: Nov. 9, 1951
REGISTRAR'S SIGNATURE: Grace L. Hutchins
24. FUNERAL DIRECTOR: Wm H. Hutchins ADDRESS: Owings, Md

470-156

NOV 19 1951
BUREAU U. S.